

# Prior Authorization

Prior authorization helps ensure drugs are used in the most appropriate cases and dosages, as recommended by the U.S. Food and Drug Administration (FDA). The medical necessity of using specific medications is confirmed before benefit coverage is approved.

### What is prior authorization?

Typically, a prescription is filled immediately when a member takes it to the pharmacy. However, some drugs require our review and benefit approval before coverage is approved. This process is called prior authorization.

Prior authorization review focuses mainly on drugs that may have:

- risk of serious side effects or dangerous drug interactions
- high potential for incorrect use or abuse
- better alternatives that may cost less
- restrictions for use with very specific conditions

### Who makes decisions about prior authorization?

Anthem's Pharmacy and Therapeutics (P&T) Committee decides which drugs require prior authorization. Our P&T Committee includes a large group of doctors and pharmacists who are not employees of Anthem Blue Cross. This group and other professionals are responsible for the decisions surrounding our drug list/formulary – or list of covered medications. The P&T Committee reviews drugs for their safety, effectiveness and value.

### What members experience

When a drug requires prior authorization, the pharmacy's computer will receive an electronic message that the prescription claim is being rejected because prior authorization is required. Additional member health information is needed for our review. Typically, this information is supplied by the doctor. However, for some drugs, the pharmacist is able to provide the information without involving the doctor. This flexibility isn't offered by many other prescription drug plans but is more convenient for members and pharmacists.

### Next steps in the prior authorization process

The pharmacist or doctor contacts the Prior Authorization Center by phone or fax to request approval of the prescribed medication. The pharmacist or doctor is asked to provide member health information sufficient to determine if the request meets criteria for approval of coverage.

If the information meets approval criteria, the prescription claim is approved. The pharmacist or doctor lets the member know the prescription can now be filled.

If more information is needed, a Prior Authorization Center team member may contact the doctor directly. Once the relevant information is received, and the approval criteria are met, prior authorization is approved and the prescription can be filled.

The prescription claim is sent for further medical review if it does not meet approval criteria. If the medical review concludes the prescription claim should be denied, letters are sent to the member and the doctor that clearly outline the appeals and/or grievance process.

### Medications requiring prior authorization:

#### Antibiotic

- Xifaxan

#### Arthritis

- Actemra
- Euflexxa
- Hyalgan
- Kineret
- Orencia
- Orthovisc
- Supartz
- Synvisc
- Synvisc-One

#### Arthritis/Crohn's Disease

- Cimzia

#### Arthritis/Crohn's/ Psoriasis

- Humira
- Remicade

#### Arthritis/Psoriasis

- Enbrel
- Simponi

#### Asthma

- Xolair

#### Blood Builders

- Aranesp
- Epogen
- Leukine
- Neulasta
- Neumega
- Neupogen
- Procrit

#### Cancer Treatment

- Afinitor
- Avastin
- Eligard
- Erbitux

#### Hepatitis

- Gleevec
- Herceptin
- Nexavar
- Oforta
- Revlimid
- Rituxan
- Sprycel
- Sutent
- Tarceva
- Targretin
- Tasigna
- Temodar
- Thalomid
- Trelstar LA, Depot
- Tykerb
- Vantas Implant
- Vectibix
- Votrient
- Xeloda
- Zoladex

#### Hormone Therapy

- Androderm
- AndroGel
- Testim

#### Huntington's Disease

- Xenazine

#### Immune Deficiency

- Increlex

#### Immune System/ Immune Globulin

- Carimune NF
- Flebogamma
- Gamastan
- Gammagard liquid, S/D
- Gamunex
- Hizentra
- Octagam
- Panglobulin
- Polygam S/D
- Privigen
- Vivaglobin

#### Infection Prevention and Treatment

- Lamisil
- Penlac
- Quaaliquin
- Sporanox
- Vfend
- Zyvox

#### Gaucher's Disease

- Ceredase
- Cerezyme
- Zavesca

#### Macular Degeneration

- Lucentis
- Macugen

#### Multiple Sclerosis

- Ampyra
- Gilenya

#### Osteoporosis

- Forteo
- Prolia

#### Pain Relief

- Actiq
- Fentora
- Onsolis
- Vivitrol

#### Precocious Puberty

- Supprelin LA

#### Precocious Puberty/ Endometriosis

- Synarel

#### Psoriasis

- Amevive
- Stelara

#### Pulmonary Arterial Hypertension

- Adcirca
- Flolan
- Remodulin
- Revatio
- Tyvaso
- Ventavis

#### RSV Prevention

- Synagis

#### Seizures/Fibromyalgia/ Nerve Pain

- Lyrica

Other drugs may require prior authorization, depending on benefits. Examples may include ADHD medications, oral contraceptives, growth hormones, fertility medications, certain medications for weight loss, smoking cessation medications, or certain acne medications.

Due to varying health benefit plans, inclusion of a drug and related items on the drug list/formulary is not a guarantee of coverage. Please refer to the prescription drug benefit description of coverage, limitations and exclusions.